

Dkt. 94150CONT

JC541 U.S. PTO
09/819095
04/26/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Group Art Unit: 1103

MICHAEL J. HOLLITT et al

Serial No. 08/935,108

Filed: September 29, 1997

For: UPGRADING TITANIFEROUS MATERIAL

SECOND PRELIMINARY AMENDMENT

Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Please amend the above-identified application as
follows:

IN THE SPECIFICATION:

Page 1, between lines 1 and 3, insert:

--BACKGROUND OF THE INVENTION--.

Page 7, between lines 17 and 19, insert:

--SUMMARY OF THE INVENTION--.

Page 8, between lines 20 and 22, insert:

--DETAILED DESCRIPTION OF THE INVENTION--.

IN THE CLAIMS:

Page 19, line 1, change "CLAIMS" to

RECEIVED
JUN 27 2001
TC 1700

RECEIVED
JUN 27 2001
TC 1700

RECEIVED
JUN 27
TC 17

DUE DATE: _____ Docket No: 94150CONT/Griff/IS
Applicant: Michael J. HOLLITT et al Mail Room _____ Group 1103 /cd
SN/PN: 08/935,108 PCT _____ Other _____
Title: UPGRADING TITANIFEROUS MATERIAL

<input type="checkbox"/> Declaration	<input type="checkbox"/> Assignment	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Priority Document(s) (# _____)		
<input type="checkbox"/> IDS _____ 1449 No. Documents: _____	<input type="checkbox"/> DOE Statement	
<input type="checkbox"/> Restriction Response <u>SECOND</u>	<input type="checkbox"/> OA Response	
<input checked="" type="checkbox"/> Preliminary/ Supplemental <u>Amendment</u>	<input type="checkbox"/> Letter	
<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> AAFR	
<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Reply Brief	
<input type="checkbox"/> Appeal Brief (triplicate)	<input type="checkbox"/> Disclosure Document	
<input type="checkbox"/> Petition (type) _____		
<input type="checkbox"/> Request for _____ -mth extension of time	<input type="checkbox"/> SBO Form # _____	
<input type="checkbox"/> Drawings No. Sheets <u>83</u>	<input type="checkbox"/> Maintenance Fee(s) _____	
<input type="checkbox"/> Issue Fee(s) \$ _____		
<input checked="" type="checkbox"/> Other Fees \$ <u>66.00</u>	For <u>Three</u> extra dependent claims.	
<input type="checkbox"/> Total Fees \$ _____	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Deposit Account
<input type="checkbox"/> Other: _____		